

EMPLOYEE PERFORMANCE APPRAISAL REPORT

State Form 19958 (R5 /2-99)
*Social Security number request is **mandatory**per IC 4-1-8-1 (5)

PROFESSIONAL ADMINISTRATIVE and TECHNOLOGICIAL

Employee name:										
TYPE OF EVALUATION										
Annual	3-Month	○6-Month	OFollow-up							
Other:			·							

per IC 4-1-8-1 (5)		WORKING TEST (Merit Agencies Only)								
This information may be used in decisions		Successfully completed: Permanent status granted. EFFECTIVE DATE:								
concerning training needs, advancement, performance-related salary adjustments,		Request extension for six (6) months. Reason on Comments Sheet. EXTENDED DUE DATE :								
ayoffs, reemployment, and as evidence in contested disciplinary actions.		State Personnel Director approval				Date (month, day, year)				
Name of employee *Social S					number					
Traine of employee										
Name of state agency		Org code								
Class title and class code of employee			Review	period (n	nonth / year)	/	То /			
		AREAS OF RESPONSIBILITY		IMP.	QUALITY	QUANTIT	Y TIMELINE	ESS		
INSTRUCTIONS		RESPONSIBILITY STATEMENT		(Es) (Ne)	(Na) (6) (=) (5)	(Na) (6) (=) (5				
List the applicable areas of responsibility	1.	THE STATE OF THE S								
from the position description. 2) Indicate the	2.			$\bigcirc\bigcirc\bigcirc$	0000		5 000	Ĭ		
relative importance of each in the second column.	3.			\bigcap	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$					
3) Assign a rating to each dimension based on the actual work performed. Substantiate ratings of	4.			ŎŎ	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$		5 000			
"below standard" on Comments Sheet.	5.		\bigcap	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$						
Key: (Es) Essential (Ne) Non-essential	6.			$\tilde{\bigcirc}$	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$		5 000			
(Na) Not applicable (6) Below standard	7.			$\tilde{\bigcirc}$	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$					
At standard S Above standard	8.			ÖÖ	0000	0000	5 000			
GENERAL FACTORS							PERFORMAN	_		
INSTRUCTIONS		FACTOR				Es Ne Na	UMSV	$\underline{\mathscr{Q}}$		
1) Indicate the relative importance of each factor in the first column. 2) For each applicable factor, assign the most suitable performance	Job Knowledge a					000	0000	\geq		
	2. Communication Functions					000	0000	\leq		
rating. Substantiate ratings of "Unsatisfactory" or "Outstanding" on Comments Sheet.	3. Work Coordination					000	0000	\subseteq		
Key: (Es) Essential (Ne) Non-essential	4. Dependability					000	0000	≥ -1		
(Na) Not applicable (U) Unsatisfactory	5. Problem-solving					000	0000	\subseteq		
(M) Marginal (S) Satisfactory	6. Financial Planning					000	0000	$\leq $		
(V) Very good Outstanding	7. Supervisory Functions				000	00000	\supseteq			
very good © Outstanding	8. Interpersonal Rel	ations				0001	$\underline{00000}$			
Toplovo signatura	Date signed	Evaluator signature	Superior		Appointing Aut	hority cianatu	re Date			
Employee signature	Date signed	L'valuator signature	Superior		Appointing Aut	nonty signatui	e Date			
I hereby certify that I have had an opportunity to revieunderstand that I am to receive a copy. I am aware does not necessarily mean that I agree with the rating.	ew this report and that my signature	I hereby certify that this rating report constitutes my best judgment of the service performed by this employee for the review period covered.								